

MSS Prenatal Eligibility Tool

07/01/09

Instructions:

- An * asterisk indicates MSS targeted risk factors that need a clinician to determine the clients risk criteria (A, B or C).
- After screening the client for the MSS targeted risk factors, document the date(s) in the appropriate A, B or C column for any identified criteria, sign the last page noting who made the determination and assign the level of service.

Targeted Risk Factor	A	B	C	Risk Factor Criteria
Race				B. American Indian, Alaska Native or non-Spanish speaking indigenous women from the Americas (e.g. women whose primary language is Mixteco, Mam, or Kanjobal, etc.)
				C. African American or Black
Prenatal Care				A. Greater than or equal to (\geq) 14 and less than ($<$) 24 weeks gestation and no prenatal care started at the time of screening.
				B. Greater than or equal to (\geq) 24 weeks gestation before prenatal care was started
				B. Greater than or equal to (\geq) 24 weeks gestation and no prenatal care has started.
Nutrition				Food Insecurity: A. Runs out of food before the end of the month or cuts down on the amount eaten to feed others
				Pre-pregnancy BMI: *A. Pre-pregnancy BMI less than ($<$) 18.5 and adequate weight gain based on Institute of Medicine guidelines.
				*C. Pre-pregnancy BMI less than ($<$) 18.5 and inadequate weight gain based on Institute of Medicine guidelines.
				A. Pre-pregnancy BMI 25.0 to 29.9
				*A. Pre-pregnancy BMI greater than or equal to (\geq) 30 and adequate weight gain based on Institute of Medicine guidelines.
				*B. Pre-pregnancy BMI greater than or equal to (\geq) 30 and weight gain outside of the Institute of Medicine guidelines.
Medical				Inter-pregnancy interval: A. Current pregnancy conception less than ($<$) 9 months from the end of the last pregnancy
				Diabetes: B. History gestational diabetes with last pregnancy
				C. Pre-existing Diabetes- type 1 or 2
				C. Current gestational diabetes
				Multiples: C. Currently pregnant with multiples (2 or more babies)
				Hypertension/Gestational Hypertension: A. Gestational Hypertension in past pregnancy
				C. Chronic Hypertension: Hypertension diagnosed prior to pregnancy or before 20 weeks gestation
				C. Current pregnancy induced hypertension (gestational hypertension) starting greater than 20 weeks gestation
				Low Birth Weight (LBW) or Preterm birth/labor/fetal death: C. Prior LBW infant (less than 5lb 8 oz) and/or premature infant (less than 37 weeks); Prior fetal death (fetus greater than 20 weeks gestation).
				C. Current pregnancy - diagnosed with preterm labor during this pregnancy or is on treatment or bed rest to prevent preterm birth.

Risk Factor	A	B	C	Risk Factor Criteria
Maternal Age				A. 17 years of age at conception
				B. Less than or equal to (\leq) 16 years of age at conception
				A. Greater than or equal to (\geq) 35 years of age at conception and this is not her first pregnancy and she did not use assisted reproductive technology (ART) for this pregnancy
				B. Greater than or equal to (\geq) 35 years of age at conception and one of the following: (1) First pregnancy (2) Current pregnancy via assisted reproductive technology (ART)
Maternal Tobacco Use				A. Quit smoking and/or or using tobacco prior to pregnancy or upon diagnosis of pregnancy
				B. Smokes and/or uses tobacco during pregnancy
Alcohol & Substance Abuse or Addiction				*B. Actively engaged in alcohol/drug treatment program and has not used for greater than or equal to (\geq) 90 days.
				*B. Stopped use of alcohol (see clarification table), illicit substances, or non-prescriptive use of prescriptive drugs following pregnancy diagnosis and has not used for more than or equal to (\geq) 90 days
				*C. Stopped use of alcohol (see clarification notes), illicit substances, or non-prescriptive use of prescriptive drugs following pregnancy diagnosis and has not used for less than (<90)
				*C. Any use of alcohol, illicit substances, or non-prescriptive use of prescriptive drugs once the client knows she is pregnant .
Mental Health Severe Mental Illness (SMI) and Perinatal Mood Disorder				* A. No history of mental health diagnosis, but answers “Yes” to “In the last month, have you felt down, depressed or hopeless?” or showing potential symptoms of depression, but has negative score on standardized depression screening tool. i.e. Edinburgh, CES-D
				*B. History of mental health treatment but is stable, or history of postpartum depression with previous pregnancy, and negative score on standardized depression screening tool.
				*B Current mental health diagnosis and is engaged in mental health treatment
				*C. Mental health symptoms of depression are evidenced by positive score on standardized depression screening tool
				*C. Client has a mental health diagnosis and exhibiting active symptoms which are interfering with general functioning.
Developmental Disability				*A. Severe developmental disability which could impact the woman’s ability to take care of herself during the pregnancy or an infant, but has adequate support system, and demonstrates evidence of follow through with health care appointments/advice and self care
				*C. Severe developmental disability which impacts the woman’s ability to take care of herself during the pregnancy or an infant and has an inadequate support system or does not demonstrate evidence of follow through with health care appointments/advice and self care
Intimate Partner Violence				A. In the last year, the woman’s intimate partner or father of baby (FOB) has committed or threatened physical/sexual violence against her

☐ Check the box to acknowledge all the MSS targeted risk factors have been screened for and initial _____

Screen Date _____ Completed by _____ Level of service _____

Screen Date _____ Completed by _____ Level of service _____

Screen Date _____ Completed by _____ Level of service _____

Level of Service (available during pregnancy to two months post-pregnancy):

Basic = No MSS targeted risk factor or any As but no Bs or Cs criteria identified

Expanded = At least one B and no C risk criteria

Maximum = At least one C risk criteria

Client Name: _____ DOB: _____ Client ID #: _____

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